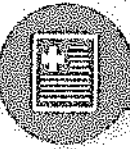




3rd

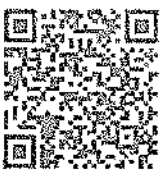
International Scientific Conference of the Faculty of Medical Sciences



2nd Annual Albanian Congress of Trauma & Emergency Surgery

08-10 November, 2018

OHRID, MACEDONIA



FINAL PROGRAMME BOOK

WELCOME MESSAGE

Dear Colleagues, dear Friends,

It is our honor and a privilege to welcome you to the 2nd Albanian Congress of Trauma and Emergency Surgery and the 3rd Conference of Faculty of Medical Sciences, University of Tetovo, on November 8 – 10, 2018 in Ohrid, Macedonia.

"Together for the future..." for trauma and emergency surgery and not only ... is the main topic of this congress.

The Local Scientific Committee, led by the *Vullnet Ahmeti (Rector of State University of Tetova), Kastriot Haxhirexa, Lutfi Zylbeari*, but complemented by experts in the field from many other specialties and societies together with the ASTES Executive Board and Section Chairs, have been working to bring an exceptional scientific content to that congress. Several pre-congress courses, such as Basic Life Support & Defibrillation (BLS & D), Advanced Trauma Life Support (ATLS) will be organized.

Colleagues from all Albanian areas and many European and non-European countries will be taking part in over 50 sessions during 3 days:

Instructional Lecture Courses, keynote sessions, guest symposia, interactive case presentations, free-paper and poster sessions will cover the broad spectrum of innovations and state of the art in Trauma and Emergency Surgery with special focus on high energy trauma management, trauma registries, complex hip and pelvic fractures, damage control radiology, resuscitative endovascular balloon occlusion of the aorta, laparoscopy and minimally invasive techniques in trauma and emergency surgery, new strategies in wound care, point of care ultrasound, acute elderly patients and intra-abdominal infections.

All this science will be discussed in Ohrid, one of UNESCO's World Heritage cities, well known for its picturesque houses and monuments, which will provide you more if you have time to immerse yourself in its interesting culture, gastronomy and to enjoy its miraculous climate.

See you in Ohrid!



Vullnet Ahmeti
Tetovo,
Macedonia
Rector of University
of Tetovo

Rifat Latifi
New York
USA
ACTES 2018
Honorary President

Agron Dogjani
Tirana
Albania
ASTES President
2017/2020

Arben Gjata
Tirana
Albania
Rector of University
of Medicine
Tirana

**Kastriot
Haxhirexa**
Tetovo,
Macedonia
Dean of Faculty of
Medical Sciences,
University of Tetovo

Lutfi Zylbeari
Tetovo,
Macedonia
Local
Organizing
Committee
Member

SCIENTIFIC PROGRAMME SATURDAY

08.30- 10.00

HALL BILJANA

36. ORTHOPAEDIC SESSION -5, LOWER EXTREMITY

Chairs: Jordan SAVESKI (MACEDONIA), Edvin SELMANI, (ALBANIA), Alan ANDONOVSKI (MACEDONIA), Dritan TODHE (ALBANIA)

1. **OP252. Internal Fixation of Osteoporotic Bone**
Jordan SAVESKI, Neda TRAJKOVSKA, Ilir HASANI - Skopje, MACEDONIA
2. **OP253. Biologically Enhanced Anterior Cruciate Ligament Reconstruction**
Alan ANDONOVSKI, Ilir HASANI, ANDONOVSKA B, Ilir SHABANI- Skopje, MACEDONIA
3. **OP254. Post Traumatic Patellar Absence in Knee Endoprosthesis. Case Reports**
Dritan TODHE - Tirana, ALBANIA
4. **OP255. Acute Traumatic Patellar Tendon Rupture**
Edvin SELMANI, Fatmir BRAHIMI, Leard DURAJ, Valbona SELMANI - Tirana, ALBANIA
5. **OP256. Ankle Fracture with Syndesmotic Disruption – Effect on the Functional Outcome.**
Marko SPASOV, Ilir HASANI, Oliver ARSOVSKI, Ljupco NIKOLOV, Igor KAFTANDZIEV- Skopje, MACEDONIA
6. **OP257. Results of Chronic Achilles Tendon Ruptures Repaired With V-Y Tendon Plasty and Fascia Turndown**
Edvin SELMANI, Fatmir BRAHIMI, Leard DURAJ, Valbona SELMANI - Tirana, ALBANIA
(Nominated for Best Oral Presentation)
7. **OP258. Meniscal Repair of Bucket Handle Meniscus Tears – Accelerated or Traditional Rehabilitation**
Alan ANDONOVSKI, Ilir HASANI, ANDONOVSKA B, Rezeart DALIPI - Skopje, MACEDONIA
8. **OP259. Osteochondral Transplantation Technique Pitfalls in Knee Osteochondral Defects (MOSAICPLASTY/OATS technique)**
Ledian FEZOLLARI, Leard DURAJ, Ilir HASMUCA, Dorjan HABILI, Alban HYSENAJ, Arnel MICI, A. DIZDARI, Ylber ZAMA, Gjergji ÇAUSHI, Vilson RUCI, Artid DUNI, Ergys CAMI, Korab SEJDINI, Serdi MEMINI - Tirana, ALBANIA

Ankle fracture with syndesmotic disruption – effect on the functional outcome

*Marko Spasov, Ilir Hasani, Oliver Arsovski, Ljupco Nikolov, Igor Kaftandziev
University Clinic of Traumatology, Medical faculty of Skopje*

Oral presentation

Introduction It is widely accepted that reduction of the syndesmosis and placement of one or more screws across the distal tibia and fibula restores the anatomy and allows the syndesmosis to heal. However, there is no consensus regarding the specifics of screw placement. The aim of the present study was to evaluate the clinical and radiological result in patients with intact, broken and removed syndesmotic screw.

Materials and Methods The study was conducted at our institution in a period of two years, and minimum follow up period of 12 months. Patients who had undergone open reduction and internal fixation of an ankle fracture with screw stabilization of the disrupted syndesmosis were included. Fracture type was defined using Denis-Weber classification system. Functional result was measured using AOFAS score and VAS scale was used for pain assessment. The statistical difference between the three groups was tested with non-parametric statistics.

Results The study population was separated into three groups regarding the state of the syndesmotic screw: intact, broken and removed. There was no statistical difference between the demographics of these groups. There was statistically significant difference in AOFAS score among the three tested groups due to difference between intact and broken group. Regarding the VAS scale, the score in intact group was significantly higher compared to broken and removed group.

Conclusion We found no statistical difference in clinical outcome of patients who had their syndesmotic screw removed and those who did not. However, patients with broken screws fared best of all. Widening of the syndesmosis was not seen after removal or breakage of the screw. Our data do not support the routine removal of the intact or broken syndesmosis screw.

Keywords: ankle, syndesmosis, fracture, surgery, removal